PATENT	APPLICATION	<b>FEE DETERMINATION</b>	RECORD
FAILUL /	AFFLIVATION	LEE DETENMINATION	nrwn

Effective October 1, 2001

Application or Docket Number

10010132

									10010120					
			S FILED - PART I (Column 1)		(Column 2)			SMALL ENTITY TYPE		OR	OTHER THAN OR SMALL ENTITY			
TOTAL CLAIMS		19					RATE	FEE	1	RATE	FEE			
FOR		NUMBER FILED		NUMBER EXTRA			BASIC FEE	370.00	OR	BASIC FEE	740.00			
TOTAL CHARGEABLE CLAIMS			م minus 20=		*			X\$ 9=		OR	X\$18=	_		
IND	EPENDENT CL	AIMS	5 minus 3 = *		* 2			X42=		OR	X84=	16800		
MULTIPLE DEPENDENT CLAIM PRES			RESENT	SENT				4.4	· · · · · · · · · · · · · · · · · · ·			100-		
* If the difference in column 1 is less than zero enter "O" in column (						column 2		+140=		OR	+280=			
* If the difference in column 1 is less than zero, enter "0" in column 2							TOTAL		OR	TOTAL	9080			
CLAIMS AS AMENDED - PART II					(Caluma 0)		SMALL	=NTITV	OR ·	OTHER SMALL				
		(Column 1) CLAIMS		(Colui		(Column 3)	1 1	OWALL		) i	OWINE			
<b>AMENDMENT A</b>		REMAINING AFTER AMENDMENT		NUM PREVIO	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
	Total	*	Minus	**		<b>=</b>		X\$ 9=	-	OR	X\$18=			
¥.	Independent	*	Minus	***		= 1000		X42=		OR	X84=			
L	FIRST PRESE	NTATION OF MI	JLTIPLE DEF	PENDEN	CLAIM		<b>!</b>	+140=		OR	+280=			
							ı	TOTAL			TOTAL			
		(O a li 4)		<b>(0.1</b>	۵۱	(0.1	/	ADDIT. FEE		On	ADDIT. FEE			
		(Column 1) CLAIMS		(Colui		(Column 3)	1 .	1		1 1				
AMENDMENT B		REMAINING AFTER AMENDMENT		NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
NDN	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=			
AME	Independent	* NTATION OF MU	Minus	***	CLANA	-		X42=		OR	X84=			
	PINST PRESE	NTATION OF MO	JLTIPLE DEF	ZENDEN	CLAIM		<b>,</b>	+140=		OR	+280=			
								TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE			
		(Column 1)		(Colu	nn 2)	(Column 3)	·				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
		CLAIMS		HIGH	EST	[	l r		4 D D I		r	4501		
AMENDMENT C		REMAINING AFTER AMENDMENT		NUM PREVIO PAID	DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
NDM	Total	*	Minus	**		=	<b>]</b> [	X\$ 9=		OR	X\$18=			
ME	Independent	*	Minus	***		=-	<b>l</b>	X42=			X84=			
lacksquare	FIRST PRESE	NTATION OF M	JLTIPLE DEF	PENDEN	CLAIM		j			OR	A04=			
* 1	f the entry in colum	mn 1 is less than th	ne entry in colu	mn 2 write	"O" in oo	luma 3		+140=		OR	+280=			
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."														
	The "Highest Num	ber Previously Pai	d For" (Total or	r Independ	ent) is the	highest numbe	er fou	ind in the app	ropriate box	( in col	lumn 1.			